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Application Number	
Filing Date	
First Named Inventor	SEDLACEK
Title	ZERO BACK PRESSURE CONVEYOR
Art Unit	
Examiner Name	
Attorney Docket Number	2226.0

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09748

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name Kyle J. Sedlacek

Signature 

Date 7/19/04

Telephone 504-733-6000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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